

Complete and Return to:

Mayor's Office  
218 Cleveland Ave SW  
8<sup>th</sup> Floor  
Canton, OH 44702  
Phone: (330) 438-4300  
Fax: (330) 489-3282



**WILLIAM J. HEALY II**  
**MAYOR**  
**CITY OF CANTON**

**Boards and Commissions Questionnaire**

The City of Canton is an equal opportunity employer and will not use any of the information you provide to discriminate against you on the basis of race, color, religion, sex, national origin, handicap, age or ancestry. If you need additional space to answer a question or more fully explain an answer, please attach additional sheets. This information **MUST BE COMPLETED IN FULL**. Please answer "none" or "not applicable" where appropriate.

**ATTACH RESUME OR SHORT BIOGRAPHY FOR CONSIDERATION**

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Length of Residence in Ohio: \_\_\_\_\_

Phone Numbers (Home): \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Current Business/Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NOTE: The City of Canton sets forth demographic qualifications for service upon many boards and commissions. Please provide the demographic information required for service upon the board or commission to which you seek appointment. If you are unsure of whether demographic qualifications exist for a specific board or commission, please contact the Mayor's office at 330.438.4300 or visit [www.cantonohio.gov](http://www.cantonohio.gov) and click on Boards and Commissions.**

Sex: Male ☐ Female ☐ Date of Birth: \_\_\_\_\_

Race:

☐ **White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ **Black or African American:** All persons having origins in any of the Black racial groups of Africa.

☐ **Hispanic or Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

☐ **Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

☐ **Other: Please self define:** \_\_\_\_\_

Are you a registered voter? Yes ☐ No ☐ County of Registration: \_\_\_\_\_

Party-Affiliation: Republican ☐ Democrat ☐ Unaffiliated ☐ Other: \_\_\_\_\_

Please specify the board or commission that interests you:

---

---

How did you hear about the opening on this board or commission?

---

---

Do you currently serve on a city board or commission? If yes, please identify:

---

---

Are you seeking reappointment? Yes ☐ No ☐

Please list any certifications, licensures, or other qualifications that pertain to the board or commission for which you are applying:

---

---

---

Have you ever been a member of the armed forces of the United States, its reserve components or the National Guard? If yes, please state branch, service period, and last rank:

---

---

---

Did you receive an honorable discharge? Yes ☐ No ☐

Have you ever been convicted of any crime or arrested for any crime for which you were not convicted, excluding minor traffic offenses? If yes, please identify:

---

---

---

Are all of your federal, state, and local taxes current? If no, please explain:

---

---

---

Within the past three years, has any business venture for which you were an owner or person responsible for remitting withholding taxes of sales taxes, failed to pay such taxes in a timely manner? If yes, please explain:

---

---

---

Have you ever received, other than as an employee, or has any business that you owned or of which you were the majority shareholder, ever received any income from the city? If yes, please identify the income:

---

---

---

Do you have, or have had, any personal, financial or business interest or dealings that might present a conflict of interest with your proposed appointment? If yes, please identify:

---

---

---

Please list any references of support:

---

---

---

**CONTINUE TO NEXT PAGE**

**EDUCATION/TRAINING (Attach a separate sheet of paper if necessary)**

High School Name: _____ Location (City, State) _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Check Year Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Obtained GED? Yes <input type="checkbox"/> No <input type="checkbox"/>

School Name (College/University): _____	Location (City, State): _____
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major: _____
Check Year Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	

School Name (College/University): _____	Location (City, State): _____
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major: _____
Check Year Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	

School Name (College/University): _____	Location (City, State): _____
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major: _____
Check Year Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	

**CONTINUE TO NEXT PAGE**

**PLEASE LIST RELEVANT WORK EXPERIENCE:**

1.

2.

3.

I, \_\_\_\_\_, certify that all of the answers and statements on this form are true, complete, and correct to the best of my knowledge and recollection and are made in good faith.

\_\_\_\_\_  
Signature of Applicant

I, \_\_\_\_\_, state that I understand that any information provided to the Mayor's office may be a "public record" under Ohio law. I hereby waive any right to privacy of any information I have provided herein, and I authorize the Mayor's office to investigate any of my responses.

\_\_\_\_\_  
Signature of Applicant

Complete and Return to:

Mayor's Office  
218 Cleveland Ave SW  
8<sup>th</sup> Floor  
Canton, OH 44702  
Phone: (330) 438-4300  
Fax: (330) 489-3282